**Sample Sponsor Agreement**

**NOTE:** The terms, conditions, and purposes by which sponsorship is provided must be documented in a written agreement signed by the CPD provider organization/planning committee and the sponsor.

This is a sample agreement you may use with your sponsors. If you choose to use this as a template, please be sure to edit it carefully. At the very least, the yellow-highlighted elements require editing to some degree (either information needs to be inserted, or options must be chosen). Please remove anything that doesn’t pertain to your program.

This sample includes:

* The prospectus
* The terms of agreement
* The contract

**[Insert Event Name]**

**[Insert Event Date(s)]**

[Insert Event Location]

|  |  |
| --- | --- |
| [Insert Physician Organization Name] | **Phone:** [insert contact phone number] |
| [Insert Physician Organization Address] | **Email:** [insert contact email address] |
|  | **Website:** [insert event/organization web address] |

**PROSPECTUS**

[Insert brief program description if desired.]

*Don’t miss this important program.*

|  |
| --- |
| **Educational Grants:** |
|  | **Platinum** | $ [15,000 or another amount of your choice] |
|  | **Gold** | $ [10,000 or another amount of your choice] |
|  | **Silver** | $ [5,000 or another amount of your choice] |
|  | **Bronze** | $ [2,000 or another amount of your choice] |

|  |
| --- |
| **In-Kind Support:** |
|  | **Equipment** | [description and approx. monetary value] |
|  | **Materials** | [description and approx. monetary value] |
|  | **Services** | [description and approx. monetary value] |

All the above include a display space with 6’ table.

Please note that there is no opportunity to purchase such space separately.

Please confirm your participation as early as possible using the enclosed reservation form to ensure listing in the program brochure. If you are not in a position to commit your organization to this event, your assistance in passing the relevant information along as appropriate will be very much appreciated.

Questions? Contact [insert the contact’s name] at [insert their contact information].

We look forward to hearing from you soon!

Please make all cheques payable to: [insert payment information]

|  |
| --- |
| **Important!**Please carefully review the sponsor/exhibitor terms of agreement below. |

Any sponsorship received must be documented in a written agreement and signed by an authorized representative of the sponsoring organization.

All sponsorship must meet professional and legal standards including the protection of privacy, confidentiality, and copyright and contractual law regulations.

Sponsors must follow all guidelines as specified by the [CMA Policy](https://policybase.cma.ca/link/policy14454) and [National Standard](https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/Accreditation/NationalStandard.pdf) (where applicable).

The planning committee cannot be required to accept advice from a sponsor as a condition of receiving financial and in-kind support.

Sponsors are prohibited to have any direct or indirect influence of any aspect of the development, delivery, or evaluation of any certified/accredited CPD activity.

Decision-making for all program elements is under the exclusive control of the planning committee.

Please consider your exhibit space needs carefully and communicate your reservation information to all concerned. In the event that display units shipped exceed the dimensions of the contracted space, and/or interfere with neighbouring exhibits, [insert organization name] reserves the right to refuse such units. If such units are accommodated, the applicable fee for a larger space will be assessed.

Subsequent correspondence about your company’s involvement will be directed to the individual(s) signing the reservation form(s). Please provide, with your reservation form, the contact information for exhibit setup details, if other than the signing representative. Include full name, company, mailing address and e-mail address. If alternative contacts are not provided, we assume that the signing representative will ensure all necessary information is communicated to any third parties involved.

In administering the trade show portion of the conference, [insert department/event name] adheres to the Rx&D Code of Conduct and applies it to all exhibitors unless expressly exempted. In particular, please note the following:

**Rx&D Code of Conduct (excerpts 1)**

*16.2.1 For the purpose of this Code, a Clinical Evaluation Package (or CEP) is: a package containing a limited quantity of a pharmaceutical product sufficient to evaluate clinical response, distributed to authorized Health Care Professionals through different methods of distribution, free of charge, for patient treatment.*

*16.3.4 Giving out CEPs at convention/clinic displays, business meeting and event or at learning programs is prohibited.*

*11.2.1 At least one qualified representative of the Member must be on site during congress hours.*

*11.2.2 Promotional and educational material available at the display must be consistent with the approved product monograph(s). Reprints of scientific and medical papers may be distributed at the display, provided they are reprinted verbatim, and are not presented in a manner which differs in any way from the approved product monograph(s).*

*15.1.2 Members may distribute acceptable service-oriented items to Stakeholders. Reasonable service-oriented items are defined as items whose primary goal is to enhance the Health Care professional understanding of a condition or its treatment or Stakeholders to better perform their professional activities. Items intended for distribution to patients via a Health Care Professional must be useful as aids to patients’ understanding of, or adaptation to, their condition(s) or for encouraging adherence with recommended therapy. Such items may bear the corporate name and logo of the Member Company, but must not bear the name of any product.2*

*1 Excerpt from the RX&D Code of Conduct (Revised July 2016)*[*http://www.canadapharma.org/commitment-to-ethics/with-healthcare-professionals/code-of-ethical-practices*](http://www.canadapharma.org/commitment-to-ethics/with-healthcare-professionals/code-of-ethical-practices)

*2 See CODE OF CONDUCT, P 35 for some examples of SOIs that have been consistently ruled by the Industry Practices Review Committee (IPRC) to be in contravention of the Code. These include items such as pens, post-it notes, notepads, mouse pads…*

Each exhibitor is entitled to have a maximum of two representatives in the exhibit room at a time. For the purpose of this policy, a “representative” is any company employee or agent. Rotation of staffing duties is quite acceptable, but all representatives must sign in and wear name badges provided by [insert department/event name].

Exhibitors agree to abide by the conditions published in this prospectus. Exhibitors further accept responsibility for informing their employees, suppliers or agents, and temporary staff, involved with their exhibit activities of these conditions and agree that their employees, suppliers or agents, and temporary staff will abide by these conditions.

|  |
| --- |
| [NOTE: Insert your own information below] |
|  | **Platinum**  | **Gold**  | **Silver**  | **Bronze**  | **In-Kind** |
| Amount | $15,000 | $10,000 | $5000 | $2000 | -- |
| # available  | 1 | 2 | 3 | unlimited | unlimited |
| Complementary registrations for scientific sessions (in addition to exhibit staff) | 3 | 2 | 1 | 0 | 0 |
| One 8’ wide exhibit space with 6’ table 1 | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ribbons to identify your staff at the conference as contributors (incl. exhibit staff if applicable) | ✓ | ✓ | ✓ | ✓ | ✓ |
| ***All acknowledgements listed below will reflect level of support:*** |
| Program signage | ✓ | ✓ | ✓ | ✓ | ✓ |
| Official support level sign which may be used at your exhibit booth  | ✓ | ✓ | ✓ | ✓ | ✓ |
| Listing in conference invitation - no logo | ✓ | ✓ |  |  |  |
| Listing in participant handout - no logo |  |  | ✓ | ✓ | ✓ |
| Listing in participant handout - with logo | ✓ | ✓ |  |  |  |
| Recognition via rolling slide presentation - no logo(in a location distinct from the accredited activities) | ✓ | ✓ |  |  |  |
| Verbal acknowledgement by session chairs during welcoming remarks (unaccredited time) | ✓ | ✓ | ✓ | ✓ | ✓ |
| Plaque acknowledging Platinum level (presented during welcoming remarks—unaccredited time) | ✓ |  |  |  |  |
| Certificate acknowledging Gold level |  | ✓ |  |  |  |

**Note:** The planning committee must recognize and disclose to participants all financial and in-kind support received from sponsors of CPD activities as part of a sponsorship acknowledgement page separate from the educational content. This acknowledgement page will include the following standard acknowledgement statement:

“This program has received an educational grant or in-kind support from (names of funding organizations)”

[Insert organization or program/event logo]

**[Insert Event Name]**

**[Insert Event Date(s)]**

**RESERVATION FORM**

|  |  |
| --- | --- |
| This will confirm that |  |
|  | *Company name (please print full name exactly as it should appear in brochure, etc.)* |
| will participate as indicated below: |

|  |
| --- |
| **Educational Grants:** |
|[ ]  **Platinum** | $ [15,000 or another amount of your choice] |
|[ ]  **Gold** | $ [10,000 or another amount of your choice] |
|[ ]  **Silver** | $ [5,000 or another amount of your choice] |
|[ ]  **Bronze** | $ [2,000 or another amount of your choice] |

|  |
| --- |
| **In-Kind Support:** |
|[ ]  **Equipment** | [description and approx. monetary value] |
|[ ]  **Materials** | [description and approx. monetary value] |
|[ ]  **Services** | [description and approx. monetary value] |

|  |
| --- |
| **Grant Authorization:** |
|  |  |  |  |  |
| *Name* |  | *Phone* |  | *Email* |
|  |  |  |
| *Signature* |  | *Date* |

Please send exhibit setup information to:

 [Insert company or individual name]

[Insert company or individual email address]

[Insert company or individual phone number]

**Return this form and send the payment to:**

[Insert contact name]

[Insert contact email address]

[Insert contact number number]

[Insert contact mailing address]

Please make all cheques payable to: [insert payment information]